



# Mount Hutt College Methven

## Application Form

### LTR Physical Education/Outdoor Education Teacher

This application form emphasises demonstrative skills and attributes. It requires applicants to provide as much evidence as possible in their examples of their successes and achievements.

It is not intended to deter those applicants with potential who may also be suitable.

Please fill in the application form, sign and post together with your CV.

Applications should be sent to:

The Administration Manager

Main Street

PO Box 58

METHVEN, 7730.

E-mail: college@mthutt.school.nz

**Applications close 4pm, Monday 17<sup>th</sup> October, 2011.**

#### 1. Personal Details

Surname \_\_\_\_\_ Forename/s \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone : Home \_\_\_\_\_ Business \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Current Teacher Classification \_\_\_\_\_

Registration Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Please tick the appropriate boxes:

Are you a New Zealand Citizen?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If not, do you have resident status	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
or				
A current work permit?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**2. Tertiary Education completed and study currently undertaken.**

(Please attach copies of official transcripts).

Degree, diploma or certificate	Name and location of institution	Years of attendance

**3. Employment History**

Name and address of Employer	Position(s) held, including subjects taught	Dates

**4. Relevant Professional Development**

Development undertaken	Name and location of institution	Years of attendance

## 5. Current Employment

Name and address of school or place of employment \_\_\_\_\_

Period of employment      From \_\_\_\_\_ To \_\_\_\_\_

## 6. Medical Questionnaire

Do you have any medical conditions that may affect your ability to effectively carry out the functions and responsibilities of employment, or which may be aggravated or further contributed to by the functions and responsibilities of employment?      Yes / No

If you have answered yes to the above question, please specify health problems or disabilities below.

## 7. Convictions against the law

Have you ever had a criminal conviction)?      Yes / No

If yes, please detail

## 8. Referee Information

Please provide the names and contact details of three people who could act as referees for you. At least 2 of these 3 referees should be able to attest to your teaching performance.

<b>1. NAME</b>			
Position held		Home Phone No:	Business Phone No:
Relationship to applicant:		Email address:	
<b>2. NAME</b>			
Position held		Home Phone No:	Business Phone No:
Relationship to applicant:		Email address:	
<b>3. NAME</b>			
Position held		Home Phone No:	Business Phone No:
Relationship to applicant:		Email address:	

## 9. Declarartion and Authorisation

I have nothing to declare that may affect my ability to perform this job now or in the future, should I be successful in gaining the position. I declare that, to the best of my knowledge, the answers in this application are correct and I understand that if any false or deliberately misleading information is given, or any material fact is suppressed, I will not be accepted or, if I am employed, my employment will be terminated. I agree to the references/referees provided in respect of my application for this position being used for the purposes of considering my suitability for the position. I also agree that the Board may make further verbal or written enquiry from the referees provided, from my previous employer(s) and from any others it considers appropriate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
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### RECEIPT OF APPLICATION

**For LTR Physical Education/Outdoor Education teacher position at Mount Hutt College**

**Applicant please fill in (a-b)**

**a) Applicants Name** .....

**b) Applicants Postal Address:** .....

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**Date application received: (to be filled in by Secretary)** .....

*Thank you for your application*